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Surgery.

MEDICAL AND SURGICAL TREATMENT OF ENLARGED GLANDS.

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When asked at our last meeting to present a paper upon some surgical subject, I made up my mind that I would take up one that had not been discussed quite as freely as some of the newer ones of the day, but nevertheless quite as important. I believe that it is one that is not understood as thoroughly by the profession at large as it should be, and far less than it might be. I will grant that the literature is not very exhaustive on this subject, why, I am unable to state. Certainly, we have sufficient of these cases to deal with that we should turn our attention to, that we should exhaust every possible means that is at our command or that we are able to devise for their relief.

In order to relieve the poor and unfortunate, and there are many of them that have this dreaded disease. Look at the subjects that we meet daily upon the streets with scarred necks, due to abscess, that have their origin in the cervical glands. Let us all stop and consider how many cases we have during the year that are brought to our notice, and we say to ourselves, "What shall I do with these enlarged glands?" Having been driven to desperation with these cases, I have taken upon myself the labor of experimentation, and, I must say, with rather gratifying results.

Differential Diagnosis.

Now, in the first place, to successfully treat this malady it becomes necessary for us to accurately diagnose each individual case. Therefore, I will attempt, as best I can, to make a differential diagnosis, as simple as it is possible, where there are so many kinds of enlarged glands that are very similar.

The majority of these cases of cervical adenitis are of tubercular origin; in fact, I believe those

that are not are either the simple variety of Pseudoleukæmia. The variety can be easily distinguished from the first above-named. We should not lose sight of the fact that Syphilis causes these glands to enlarge, but not often. Also malignancy should not be overlooked when we have a case of this nature under consideration. Speaking of malignant conditions in this locality, we should not overlook the fact that we have this in the young as well as the old.

Simple or acute adenitis is not difficult to diagnose. Pain and swelling comes on very rapidly, proceeded by chill and temperature, and subsides in either resolution or suppuration. However, where we find a condition of this sort in children, we should be cautious that the little patient does not develop the subacute or chronic condition before we are aware of the fact. Therefore, constitutional treatment should be instituted in such cases at once.

When we have the chronic enlargement to deal with, it is not so simple to make the diagnosis that is to differentiate between the different varieties. In the latter form, the swelling and pain comes on very slowly, usually involving one gland at a time, that is, one will be noticed, but there will be several that are actually involved, but are so small when underlying the muscles that they are imperceptible. Pain usually comes on some little time after the gland begins to enlarge. This does not occur until there is a pressure upon the nerve branch. Now, this variety must be devised into two classes, tubercular and mixed infection. When they are tubercular it is possible to have but a few of the glands involved before the disease subsides. I believe, however, where there is rapid involvement of the whole chain we may safely say that we have the mixed infection.

We may get this condition where eczematous infections are about the mouth, enlarged tonsils, carious teeth, or where surface over the infected glands have been broken and infected. In these cases the pain will be pronounced, and the temperature more characteristic of septic infection.

Pseudoleukæmia usually occurs in people under the age of 25, but may possibly occur later in life. This is rare, however; the majority of these cases are found in the male. This disease first involves the cervical glands, then the whole chain becomes involved, and in rapid succession the axillary and inguinal will follow the same course as the first. In this disease they do not become soft and cheesy. The liver and spleen are enlarg-

EXPERIENCE WITH THE ROBERTS-HAWLEY (GOAT) LYMPH-COMPOUND.

BY M. J. BLIEM, M. D., SAN ANTONIO, TEXAS.

(Written for the Medical Century.)

Since the disappointing days of Brown-Sequard, with his Elixir of Life, and of Wm. A. Hammond, with his quackish organo-therapeutics, the idea of utilizing the organic secretions in curative efforts has met with but little favor by the profession. Anything of that kind encounters unusual skepticism and prejudice. And yet the efficacy of thyroid extract and adrenalin is now established beyond the shadow of a doubt. Why then should we not expect to find equally specific virtues in other glands?

For years a Missouri country doctor—B. F. Roberts—cherished the faith that in the rich cellular secretion of the lymph glands resides a power for the cure of disease. With the courage and determination born only of a true faith, he persisted in his investigation, until he had convinced himself by successful tests in stubborn chronic diseases that he had found a new therapeutic agent of great value. He succeeded in gaining the interest and co-operation of others, who likewise in due time reported their successes. Dr. Roberts now came to Chicago, as (in his own words) "the demands for the material became so great that I was compelled to adopt some plan for its more extensive use, and at the same time to bring the lymph to the attention of the eminent men in the profession whose unquestioned ability would render their opinion of great value in assisting the work of introduction. I found a tireless, conservative, energetic professor in a prominent medical college. After many experiments and clinical observations he convinced himself of its efficacy before he was willing to indorse the lymph. This man was Dr. Joseph R. Hawley. I could not complain at his extreme care in investigation, because I was convinced that he desired to do his duty to himself and the profession before he would undertake to introduce the remedy. After he became convinced of the merits of the product he informed me of his opinion, and took up the work of its extensive introduction."

Under Dr. Hawley's skillful and intelligent direction the original methods of preparing the lymph were improved and perfected until the present lymph compound was attained. The process, as at present perfected, is as follows:

From Goats (Common Breed):

"From young goats, eight to eleven months old, carefully raised and dieted (and cleaned before use), the following fluids and fluid extracts are derived, in a very concentrated form, immediately after death (under chloroform): Pure lymph from lymph ducts and glands, and pure orchitic fluid from testicles; concentrated fluid extracts—practically solutions—of lymph glands, cord, medulla and gray matter of cerebrum and cerebellum.

From Bulls:

"Concentrated orchitic fluid, taken chiefly from globus major and minor, immediately after castration (within thirty minutes).

Menstruum:

"Carbonized (under 200 atmospheres pressure) goats' blood serum and distilled carbon water.

Preparation:

"Above ingredients are kept in a vacuum until ready for combination (about one hour). They are then subjected (1) to fumigation with diluted anti-septic gases under pressure; (2) to mechanical sterilization with carbonic oxide under 200 atmospheres pressure; (3) finally to sterilized air pressure for one hour before final filtration through a porous composition to remove coagula, fat and tissue particles.

Tests:

"Just before bottling, all modern bacteriological tests are made, and the lymph compound held in laboratory for six days, until results of culture-tube and animal inoculations are known. These tests include those for anærobic, as well as ærobic bacteria. Because of the powerful bactericidal properties of the lymph compound *we have never yet found an infected specimen.*"

The lymph compound is a thick, creamy fluid, rich in cellular constituents (16%), which on standing settle to the bottom, leaving a supernatant clear serum. It is injected hypodermically at the point of election, with suitable rigid aseptic precautions. Ordinarily the injections are given twice a day, and from three to seventeen minims at a dose. As the treatment progresses and the patient improves the injections are given less frequently. As a rule, the pain or soreness resulting is about that accompanying any hypodermic injection, and in my experience has never been of any deterrent consequences. With proper care no inflammation or abscess ever results.

The claim made for the lymph compound is that it is a powerful *cell tonic*. We know how often we need, and how often unavailingly seek, for some powerful tonic which shall rally the natural vital powers and thus enable the ultimate cell constituents to renew their power and function. We seem here to have, then, the ideal cell tonic—more powerful in its stimulating and rallying effect than any of the ordinary mineral or vegetable tonics. We see in this, too, the reason why the lymph compound is not a specific for any disease, nor a cure-all, nor incompatible with any other remedial agent and why it underlies the very foundation upon which all cures must be constructed; it follows the same method by which we believe the homœopathic remedy cures, viz., the ability to arouse, direct and enforce that power in the living body which, for want of deeper knowledge, we call the *vis medicatrix naturæ*. Consequently the lymph compound has been used successfully in a great variety of diseases; more especially in stubborn chronic forms, and even in those heretofore considered incurable. Among these have been brilliant cures of Locomotor Ataxia, Paralysis of various kinds, Insanity, Organic Heart Disease, Bright's Disease, Chronic Rheumatism, Neurasthenia, and especially Senility. But it has been of efficient aid in many others. Of course it, too, will fail where organic destruction has gone too far to permit of continuance of function, or where cell vitality has sunk too low for response. I will say, too that it is not merely a stimulant, temporary in its

power, but the effects when produced are lasting, and improvement continues long after the treatment has been ended.

I have taxed the patience of my readers with the above explanatory remarks because in all probability they are as ignorant of the whole question as I was when it was first presented to my attention. Current medical literature has been almost totally silent; the general sentiment is well expressed by a contemptuous editorial reference in a prominent medical journal to "those who have burned their fingers with the silly goat lymph fancy." I dare say none are more skeptical or less receptive than I was before I investigated and used the lymph compound. But when all theorizing and disputation are ended, there is after all but one great proof of the pudding, and that is in the eating! I am not a faddist or a crank or an enthusiast. I believe profoundly that physicians ought to possess and cultivate the judicial temper; let us prove all things and hold fast that which is good.

It was in October, 1900, that my attention was first called to the lymph compound by a patient suffering with pulmonary tuberculosis. Being a citizen of Chicago, he read in his home papers accounts of the annual meeting of the New Animal Therapy Association, and reports of cases successfully treated by the lymph compound; among others some cases of tuberculosis were reported as cured. He called my attention to the matter in the hope that it might aid him, as he was then rapidly declining, in spite of every available means. It would be tedious to go into the details of his case; suffice it to say that after a struggle of sixteen years, with its ups and downs, the end seemed close at hand. His family asked their Chicago physicians to investigate and report, which they did adversely. Meanwhile by correspondence and through published reports in the Journal of the association, I became satisfied that Dr. Hawley was thoroughly sincere in his convictions and strictly ethical in his handling of the lymph and his relations to the profession. I looked up the standing of authors of published reports and reached the conclusion that such men could have no motive in reporting fictitious results. My verdict finally was, "Try it; everything else has been tried without avail." To our joy improvement began after ten days, and after four months' treatment his condition was so good that treatment was stopped. Extensive congestion in the right lung had disappeared, a large cavity in the upper left lung had closed and much infiltration in upper and lower lobes absorbed with consequent improved aeration. Gain in weight, strength, sleep and appetite corresponded. The pathological condition was such that no cure was ever anticipated; only amelioration of symptoms and prolongation of life were hoped for. In these we have considered ourselves amply rewarded, as the patient has practically maintained his improvement for over a year since the lymph compound was discontinued.

In a case of acute pulmonary tuberculosis treated at the same time, I obtained only temporary alleviation. Notwithstanding every effort to check the disease, the patient succumbed in seven months from the onset of the disease.

I secured rapid results in a case of extensive bronchial catarrh of the whole right lung of a sub-acute character, complicated with a congested and enlarged liver of two years' duration. After a month's treatment the patient, Mr. S., aged fifty-four years, was allowed to go home to St. Louis to resume his business. The lung condition had completely cleared up and the liver was in almost a normal condition. Very recently I have heard that he has kept perfectly well—fifteen months since the treatment.

Miss L., aged seventy-two years, had had eczema of lips, chin, and chest for a year. Her general health became very much impaired and the eczema remained more or less intractable, notwithstanding that she was constantly under the best care I could give her. Finally a severe attack of acute gastritis brought her very low. After several months' convalescence from this attack she was in a very decrepit and emaciated condition. In her weakness she fell and fractured several metacarpal bones. After a few days she was seized with a violent convulsion, the cause of which I could not ascertain. We all thought the end had come. Although in a condition of stupor, I at once resorted to the lymph treatment as a last hope. Here its action in senility was exemplified. Improvement was so rapid that after two months' treatment she was under no necessity for further medical attention. Her recovery became complete and was the sensation of her set, as it was regarded as almost incredible. She spent the past summer at a New England seaside resort, took her cold ocean plunge every day and capered about (caper—a goat!) like a young girl. Her spirits and endurance were the wonder of the party. I have not for almost a year made a single prescription for her.

I will not tire my readers with further reports of cases. My chief application of the lymph has been in cases of neurasthenia—nervous prostration—in which I have had very satisfactory results. This I will add: I have at present under treatment Miss S., aged twenty-six, who for years has suffered from menorrhagia, confining her to bed for a week, accompanied by great depression and loss of mental equilibrium. There had for several years been present a tender mass the size of a hen's egg low down in Douglas's cul-de-sac. Two most competent gynecologists had advised removal of the tumor and ovaries, and I myself had come to entertain the opinion that nothing less would suffice. As a last resort I began the lymph treatment in October, 1901, and have continued it more or less steadily to the present time. To my surprise the local condition has greatly improved; the uterus has risen in position until quite normal, and the tender mass in the pouch has entirely disappeared. Deep pressure with the finger elicits some tenderness, but fails to touch any tumor. I suppose the mass was a prolapsed and enlarged ovary. Better still—the last three menstrual periods have been quite normal and the accompanying nervous conditions also greatly alleviated. She has gained ten pounds in weight. It is necessary to say that this patient has had the benefit of good homœopathic treatment all her life.

On the whole, I feel that I am justified in cherishing some confidence in the lymph treatment and in retaining it as another weapon in my armamen-

tarium with which to fight intractable diseases. We surely cannot have too many.

Miscellany.

COMMENTS UNDER THREE HEADS.

BY W. B. HINSDALE, M. D., ANN ARBOR, MICH.

Dangers That Lurk in New Clothes.

A case of Pityriasis Maculata et Circinata came under my observation recently that was, in all probability, contracted by wearing new flannels just from the store, put on without being previously washed. The case was a typical one and, if pictured, would compare more than favorably with the colored illustrations of that disease given in books upon dermatology.

The maculæ began to appear upon the lower part of the back, just above the hips. They soon spread over the entire trunk. An area of natural skin as large as a dollar was hardly to be found. It did not invade the face, neck or hands; only the parts of the body that had been in contact with the underclothing. After covering the body, it advanced down the legs to the ankles; but, before the ankles were reached, the maculæ upon the upper part of the body began to exfoliate and fade. The maculæ varied in size from a point to an inch or two in diameter. There was no pruritis, no particular discomfort, except from the "nervousness" produced; the patient fearing it was something "awful." No question could be raised as to its being a "private" disease. The body was thoroughly "splashed" with lobster-red blotches. After six weeks the redness began to pale into pink and the pink into the natural dermal color. All infectious diseases may be born in this color manner; so may poisons of various kinds. Poisons from dyes, handlers, shops; in fact, all the way from the sheep's to the wearer's back, may produce a serious irritation upon a delicate skin. All kinds of infections may come from sweat-shops and factories.

The British Medical Journal, of February 15, '02, states, relative to scarlet fever in the army, that outbreaks repeatedly occurred among the Royal Irish Constabulary that were mistrusted to come through new clothes. Investigation showed that the clothes of the recruits were made, for the contractor, largely by women. Orders were given to have the clothes sterilized before coming to the barracks. The sterilization began at the end of April, 1901, and from May 15 to the 1st of the next January no further cases occurred.

Women in Medicine.

"Lo," the poor Indian, is not a monopolist. Woman, in medical circles, is also somewhat "poor." A college for the medical education of women, in Chicago, has been abandoned. A prominent medical educator, in one of the large universities, has proclaimed that women lack gumption to such a degree that they can not hope to compete with men in the general practice of medicine.

It is a fact, however, that all people do not agree, even upon the woman question. There are

those who go to an extreme in harassing woman's adaptability to medicine as well as to nursing. So great an authority as William Edward Hartpole Lecky says in *Democracy and Liberty*, Vol. 11, p. 625: "Nothing is better attested than that, in power of quick and delicate observation of slight changes—which is at least one of the most essential qualities that are required for successful treatment of disease—women are, on the whole, superior to men." This same author avers that men have intentionally resisted the entrance of women into fields where there are no moral or physical reasons for their being excluded, even in medicine. They have not been wanted as competitors, either in the professions or in the counting-room.

Prejudice against sex, as well as other forms of prejudice, enters the medical problem. When prejudice becomes one of the lost appendages of the human judgment, man as well as womankind may have a tolerably comfortable time.

Medical Colleges and Medical Education.

Dr. Pemberton Dudley, in his address before the Connecticut Homœopathic Society at its Semi-Annual Celebration, said that, in his opinion, there were hundreds of communities, of one thousand inhabitants and upwards, in which there are no homœopathic physicians; that, it would seem after fifty years' of college education in Homœopathy, this failure to supply our public necessities is without excuse. The numerical strength of the alumni associations of the various colleges ought to justify the expectation of much larger classes. The doctor urges, with facts enough to back up his statements, that professional indifference to the claims of Homœopathy is to blame for the slow pace our colleges are making when contrasted with the advances going on in certain old-school institutions.

There seems to be a kind of renaissance in allopathic medical education. The homœopathic colleges were the first to adopt graded and four-year courses; shall they be second in accepting the situation as it is now? Not if the profession at large awakens to an appreciation of the conditions. The colleges can do all their means and capacities admit of; but they need additional resources, they need money, they need thoroughly-prepared students, and lots of all of them. These essentials are to come, largely, through the leavening influences of their individual and associated alumni. The profession must "hustle" if they intend to propagate and perpetuate their kind, exuberating in numbers and vigor.

In Michigan there are more openings for good men than can be supplied. The homœopathic profession is not over-crowded; in fact, it never was big enough for its skin.

Bolled Milk.

It has just been shown this present month (January, 1902) that the sterilization of milk renders it unfit for use, and a large amount of infant sickness is due to this procedure in our large cities, especially among the better classes of people. Dr. Joseph Winter and Dr. Lewis Fisher, of New York, are the authorities for this statement.